

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICATION NO.

434560

CLAIMS

AS FILED	AFTER		AFTER		1
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	
1					
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48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

MULTIPLE DEPEND CLAIM
FEE CALCULATION SET
(FOR USE WITH FORM P. 375)

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
101				
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103				
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50				
TOTAL IND.	8			
TOTAL DEP.	108	↓	↓	↓
TOTAL CLAIMS	116			

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98			
99			
100			
TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS			